

# Massachusetts MRC Monthly Forum

APRIL 24, 2024

# Monthly Forum Objectives

1

Time for newer unit leaders to share questions and concerns with more experienced unit leaders 2

Time for more experienced unit leaders to share best practices, tips, and other information

3

Time for unit leaders to ask questions of MRC State Coordinator

# BUDGET PERIOD 1 (BP1) 2024-2025 MRC MDPH PRIORITY AREAS AND REQUIREMENTS

#### **Quarterly Requirements**

- 24/7 contact
- Regional Advisory Group
- Federal Reporting
- Drills
- Volunteer Engagement
- Collaborate with partners
- Volunteer Deployment Reporting
- MDPH MRC project/training participation

#### What is a Priority Area?

 A priority area can be a broad topic, theme or priority that you wish to work on this year

#### **Priority Description**

• The description should include details on the identified priority area such as how it was determined, general approaches to ensuring progress, etc. Specifically, please describe how the selected priority relates specifically to your program (e.g., based on a regional HVA, risk assessment, etc.)

### Meet with Partners/Stakeholders

- Get feedback on gaps in volunteer needs (i.e., sheltering and/or clinic support, )
- Incorporate MRC volunteers into plans (where/when applicable)

# **BP1 MRC Priority Areas**

#### Identify priority areas to strengthen the MRC unit and build capacity to respond as outlined in the RST

- [All Hazards Planning] Collaborate with public health and healthcare partners to participate in all hazards planning.
- [Climate Change] Activities to serve areas impacted by more frequent and/or more severe disasters related to climate change.
- [Community Partnerships] Establish and cultivate relationships with community partners who ensure community access during public health threats and disasters.
- [Community Preparedness & Resilience] Improve local emergency response capabilities, reducing vulnerabilities, and building community preparedness and resilience.
- [Health Equity] Incorporate health equity practices to enhance preparedness and response support for communities experiencing differences in health status due to structural barriers.
- [Recovery] Develop and execute plans and drills to support the short and long-term recovery for populations affected by a disaster or public health emergency.
- [Responder Health and Safety] Address Volunteer Safety and Preparedness.
- [Response Plans] Build or incorporate organizational/unit and community response plans.
- [Unit Administration] MRC Unit Development (volunteer recruitment, engagement, retention, etc.).
- [Volunteer Workforce Development & Training] Build, support, and sustain a diverse, ready, and resilient public health emergency response workforce.
- [Addressing At-Risk Populations] Supporting activities in underserved areas/populations (e.g., medically underserved areas, rural communities) and/or at-risk individuals (e.g., children, pregnant women)

# How to Develop a Priority Area

#### Resources

- Your Unit's Strategic Plan
- After-Action Reports (AARs)
- Community Health Assessment, like an HVA
- Coalition or LPH partnerships
- MA Capacity Gap Analysis (2019)
- Demographics of current volunteers as they relate to community need
- Communications/conversations with partners
- MRC Core Competencies Framework
- MRC Core Competencies Learning Paths and Training Plan

# Quarterly Reporting Example

#### **MRC Q1 Priority Area Update**

#### **Priority Area: Response Plans**

- The unit coordinator met with personnel from the local community health center (CHC) to identify the barriers and opportunities for quickly onboarding volunteers in an emergency on 8/2. Based on the conversations, the unit's deployment plan was reviewed and updated to reflect the provision of JITT in an attempt to address a barrier highlighted.
- The MRC also gave a presentation on their updated deployment plans this quarter at the regional HMCC stakeholder meeting. The unit fact sheet was then shared along with the deployment plan with community partners including hospitals, community health centers, the Smithtown Senior Center and Smithtown Emergency Management.
- Conducted a Q1 call down drill to volunteers to evaluate response rates using the text message feature. 67% of volunteers responded. MRC will focus in improving response rates in Q2 by conducting outreach to volunteer who did not respond.

# Reminders

 Priority area descriptions should be unique to the unit.
How does the selected priority relate specifically to your unit (e.g., based on the current volunteer makeup; based on a regional HVA, risk assessment, gap analysis, etc.; geographic location; coverage area demographics)
Programmatic priorities must align with line items within a unit's budget.
Priority areas should not be defined by quarterly requirements.
Priority Areas can be broad, but quarterly updates should be specific.
Use AARs, experiences, assessments, gaps and challenges to determine priorities.
Check with your HMCC about due dates!!
Don't forget to review the Conditions of Funding and Grants Management Manual